

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5677 Name Arthur Foss Corps Meth

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? Arthur Foss,
- 2. What is your full Address? } Tilt Cove
- 3. Are you a British Subject? } Yes,
- 4. What is your age? } 22 Years .. 0 Months
- 5. What is your Trade or Calling? } Fisherman
- 6. Are you Married? } No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if-so,* which? } No
- 8. Are you willing to be vaccinated or re-vaccinated? } Yes
- 9. Are you willing to be enlisted for General Service? .. 9. } Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10. } Name } Yes
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. } Yes

I, Arthur Reid do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made by me.

Arthur Foss SIGNATURE OF RECRUIT.
Pte R. Powe Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Arthur Foss do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 7th day of June 1918

Asst. Dickson
Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date..... 191.....
Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

C.R. 5677

Extract from Daily Orders Part 11 ^Unit The Royal Nfld. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 8-6-19.

5677 Pts. A. Foss.

C.R. 5677

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, July 14th, 1919.

The discharge of the Undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 23-7-19

5677 Pte. A. Fosse.

C.R. 5677

Extract from Daily Orders Det. 1st Bn. The Royal Nfld.

Regt. St. John's, July 3rd, 1919.

5677 Pte. A. Foss.

Reported at Headquarters 1-7-19 on "Casement" which
sailed Glasgow June 24th, 1919.

C.R. 5677

Extract from Daily Orders part 11, from Unit The Royal
WFLD, Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5677 Pte. Arthur Fosse.

C.R. 5677

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 13, 1918.

#5677Pte .A. Foss.

Attested for General Service with the Royal Nfld.
Regt. from 11.6.18

A. Foss

C.R. 5677

1880



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Foss, Regl. No. 5677

hereby agree, until further notification by me, and in similar official form to make an Allotment of Fifty Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz. :

Allotment begins August 1st / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4744</u>	<u>mother</u>	<u>Mrs. Mrs. Pynn</u>	<u>Tiet Cove N. P. B.</u>	<u>50</u>
Total Allotment, \$				<u>50^c</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]
 Officer Commanding
[Signature] Company

(Sig.) Arthur Foss
 (Rank) Pte.

St John's
July 8th 1918

No. 1940/283.

067107

N.F.P./79.

From. NEW FOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Bn. Ryl Nfld Regt.
Winchester.

5th February 1919

5677. Pte Foss. A.

With reference to the following telegram from the Minister of Militia / / (1069)

"Pay to-5677. Foss.

£6.12.0.

Cheque £6.12.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. B. [Signature]
Chief Paymaster & O. i/c Records.

B

February 7th 1919

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
OFFICER COMMANDING 2ND BN. RYAL NEWFOUNDLAND REGT.

Received the sum of *Twelve Shillings* in respect of telegraphic remittance from the Minister of Militia.

A Foss
No. 5677 Rank Private
Witness M. Rockett

Koss, A

5677

Ray Sept.

August 6th 1919.

#5677, Pte.A.Poss,
Tilt Cove.

Dear Sir:

Enclosed please find Discharge Certificate
3420.

Yours truly,

Capt.^{us} O i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5677 Rank PL Name Fors A
Intended place of residence Till Cove

2. Occupation Reverend
Classification of soldier E Medical Category A 2

3. The above named man is discharged in consequence of
DEMobilIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
Place, ST. JOHN'S
Date JUL 9 1919
Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
Place, ST. JOHN'S
Date JUL 9 - 1919
Signature of soldier A. X. Foss
Signature of witness J. J. Brown

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
Place, ST. JOHN'S
Date JUL 9 - 1919
Signature of soldier Arthur X. Fors
Signature of witness James O'Sullivan

STATEMENT OF SERVICE

7. Enlisted for service 11-6-18 No. of days on Military Service
Discharged from service 23-7-19 Plus 14 days Service 422

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
Place, ST. JOHN'S
Date JUL 23 1919
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
Place, ST. JOHN'S
Date August 6th 1919
Officer in Charge
The Royal Newfoundland Regiment

Aug B 207915420

20
31
6
59

The Royal Newfoundland Regiment

Class for Demobilization:

B.

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5677*

Name *Sgt. Arthur*

Address *Silt Cove*

Present Medical Category *A i*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

R.H. Last Major
.....
O.C. Discharge Depot.

Members of Board {

J. Peterson
.....
Senior Medical Officer

W. B. ...
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5677 Rank Plt Name Joseph
 Date of Enlistment 11.6.16 Address Lib-Cove District St. John's
 Occupation Fisherman Classification for Discharge 16 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 8-7-19 O. C. Discharge Depot. H. M. St. J.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation Arthur J. Forman
Mr. Forman

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #600
- (b) Clothing Supplied

Date 9-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2280.....to his home at Filt Cove..... and Release Certificate No. 3344..... issued.

Date 9-7-19.....

J.A. Linnell
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 6-8-19.....

Date 9-7-19.....

J.M. H.
Depot Paymaster.

Discharge approved for..... 23-7-19.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
E 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....		

2 Form B

Date 9-7-19.....

J.A. Linnell
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date **JUL 23 1919**.....

N.R. Cooper Capt
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Gross

Signature of Man.

Reg. No. 5677

J. G. Snowlapt

Signature of the Vocational Officer or his Representative.

Place

Al - Johns

Date

9. 7 - 19.

191

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Joss OF Christian Name Arthur

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Leon, W.B. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	11 th	June 1918		191
Declared Age	at <u>St. John's</u>		at	
Trade or Occupation	<u>22</u> years	days	years	days
Height	<u>5</u> feet <u>4</u> .	inches	feet	inches
Weight	<u>117</u> .	lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>33 1/2</u> inches		inches
	Range of Expansion	<u>2 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated	<u>4 years ago.</u>			
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Jackson</u>			
(Rank)	<u>Major</u>			
Enlisted	at <u>St. John's</u>		at	
Joined on Enlistment	on <u>11th</u> day of <u>June</u> 191 <u>8</u>		on	day of 191
Transferred to	Corps. <u>Royal Mts. Regiment.</u>	Regtl. No. <u>5677.</u>	Corps	Regtl. No.
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Arthur. Foss*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5677*

Intended address *Tilt Cove.*

Height on discharge *5 Feet 5"*

Color of hair on discharge *dark*

Complexion *dark*

Color of eyes *brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Lead*

Christian name of Mother *Amanda*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. John's Nfld., 3-7- age 23 - 1896*

Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Arthur Foss* (Rank) *PLT*

Station *ST. JOHN'S!* Date *July 5-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Medical Officer i/c Hospital, Unit, or Command Depot.

Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- | | | | |
|---|-------------------|--|-----------|
| 1. Unit and Corps..... | Royal Gt. Fls. | 7. Former Trade or Occupation }..... | Fisterman |
| 2. Regtl. No. 2677 | 3. Rank..... | 7a. If the soldier claims previous service in Army, he should state— | |
| | Plt. | (a) Former Regts. or Corps ; | |
| 4. Name Foss | Arthur | with Regtl. Nos. | |
| (Surname) | (Christian Names) | | |
| 5. Age last birthday 22 | | | |
| 6. Posted for duty on..... at..... | | | |
| in category (or grade)..... | | | |
| 8. If the disability is an injury was it caused | | (b) Date of Discharge ; | |
| (a) in action (b) on field service | | (c) Cause of Discharge. | |
| (c) on duty (d) off duty ? | | | |
| 9. If a Court of Inquiry was held on an injury state :— | | (d) Particulars of Pension or Gratuity (if any) | |
| (a) When | | | |
| (b) Where | | | |
| (c) Opinion of Court | | | |

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } ✓

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No complaints of no sensibility

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Refatuation

W. E. Pocumies, Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *2/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

August 15, 1919

Mr. Arthur Foss,
Tilt Cove,
TWILLINGATE DIST.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the War Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Arthur* 2. Surname..... *Foss*
3. Rank..... *Able* 4. Regtl. No..... *5677*
5. Address in full to which future payments of gratuity are to be forwarded..... *21st Ave. Inglewood District*
6. Date of enlistment in the Regiment..... *May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *no*
8. Relationship of such dependents.....
.....
.....
9. Address in full of such dependents.....
.....
.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier.....
.....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Fourteen months*
- 1. $\frac{1}{2}$

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *no*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *no*

15. Have you been issued with a War Service Badge?..... *no*

16. Have you, during the present war, served in the Imperial Forces?..... *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *no*

19. Are you now serving in the Regt.?..... *no* If not give:- (a) Date of discharge... *July 29/19* (b) Reason for discharge.....

Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

And I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: - *Arthur + Doss* ^{his} *mark* (Witness) *Joseph*

Place of Residence: *Tier Con. Inverlygate District*

Declared before me at: *St Johns*

This 10 day of *July* 19*19*...

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits.

John M. McCarthy
J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
.....

Certified correct.

Register



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Foss, Regl. No. 5677.

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins August 1st /18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4744	Mother	Mrs. Thos. Pynn	Tiet Cove N. P. B.	50
Total Allotment, \$				50 ^c

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H. J. James Lt Col

Officer Commanding
R. Company

St. John's

July 8th 1918.

(Sig.) Arthur Foss his ^{mark}

(Rank) Pte.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Arthur Foss

in respect of his service as No. 5677 Rank Pte.

Name A. FOSS

Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

Jan. 11th 1922

Signature

Arthur Foss

Date

Feb 3rd 1922

Address

Kings Pt. South W. Arm
Green Bay

[P.T.O.]

Nfld. Is.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt

Signature of O. C. Company

Number of Sheet

One
C/B Dicks/lieut

Regimental Number and Name		Enlistment		Trade	
No.	<i>5677</i>	Name	<i>Arthur Yaso.</i>		
Age on	<i>27</i>	years	months	<i>Fusilier</i>	
Place and Date of Enlistment	<i>St John</i>		Religion		
Period of	<i>11/10/11</i>		<i>meth</i>		
with Colours	}	years.		Place of Birth	
		<i>137</i>		<i>Salt Cove</i>	
with Reserve	}		<i>365</i>		

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	St John	6	19		

To be carried over.

25677

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5677 Rank Plt Name Ford R
 Date of Enlistment 11.6.16 Address Lieb-Cove District Lewiston
 Occupation Boatman Classification for Discharge 6 Medical Category A.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 8-7-19 O. C. Discharge Depot. Lewiston

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation Antler + Ford
man
Wm. Newman

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied Wm. Newman

Date 9-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P.2.280*..... to his home at *Tilt Cove*..... and Release Certificate No. *3344*..... issued.

Date *9-7-19*..... *J.A. Lawrence*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to

Date *1-7-19*..... *J.A. Lawrence*
Depot Paymaster.

Discharge approved for..... *23-7-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	<i>2 Form B</i>
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		" 6.....	
B 179c.....	B 120.....	M 93.....			

Date *9-7-19*..... *J.A. Lawrence*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUL 23 1919*..... *for N.R. Coole Capt.*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date *July 21 1919*..... *J.A. Lawrence*

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland*. Former Trade or Occupation } *None*
2. Regtl. No. *1677* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *John*..... *Arthur*..... (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday..... *22*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

No complaint of no disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W. E. Proennis Capt. R.A.M.C.
Medical Officer in charge of case.

Station *Hazeley Down*

Date *2/4/9*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause